

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>8/2/05</u>		2 Serial/Patent # <u>10/523477</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing	1	2/4/05	\$ 100
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND		\$ 100
		8 TO BE REFUNDED BY:		
10 REASON:		<input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	Overpayment	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 5 0 -- 1 1 0 8 </div>		
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/>	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>		
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>		
OFFICE: <u>PCT</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**